

Kentwood Public Schools

Medical Rate & Benefit Comparison - Choices

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PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S)	RENEWAL		ALTERNATIVE	
	MESSA 1/1/2019 Choices BCBS		WMHIP 1/1/2019 PPO Select BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$0	\$250	\$0	\$250
Family Deductible	\$0	\$500	\$0	\$500
Coinsurance Level	100%	80%	100%	80%
Coinsurance Max Ind	N/A	\$2,000	N/A	\$2,000
Coinsurance Max Fam	N/A	\$4,000	N/A	\$4,000
Other Plan Details				
Hospital Services	100%	80% after Ded	100%	80% after Ded
Inpatient Care	100%	80% after Ded	100%	80% after Ded
Emergency Care <i>(waived if admitted)</i>		\$25		\$50
Office Visits	\$5	80% after Ded	\$5	80% after Ded
Prescription Drugs				
Generic		\$10		\$10
Formulary Brand		\$40		\$40
Non-Formulary Brand		\$40		\$40
Mail Order Prescriptions <i>(90 Days)</i>		2x		2x
Rates				
Single	\$763.27		\$687.95	
2 Person	\$1,715.49		\$1,547.85	
Family	\$2,134.47		\$1,926.21	
Monthly Employee Payment Under CAP*				
<u>2018 PA 152 Caps</u> <u>2019 PA 152 Caps</u>				
\$6,560.52 \$6,685.17	\$206.17		\$130.85	
\$13,720.07 \$13,980.75	\$550.43		\$382.78	
\$17,892.36 \$18,232.31	\$615.11		\$406.85	
Enrollment				
Single	26		26	
2 Person	4		4	
Family	19		19	
Monthly Premium	\$67,261.91		\$60,675.98	
Annual Premium	\$807,142.92		\$728,111.81	
\$ Variance to Renewal	n/a		(\$79,031.11)	
% Variance to Renewal	n/a		-9.79%	

Notes:

Enrollments are taken from the census